

## Alaska COVID-19 Reporting Form

The purpose of this form is for health care providers to notify the Alaska Section of Epidemiology (SOE) about patients that are being tested for COVID-19. Completion and submission of this form fulfills the health care provider's responsibility to notify SOE of a suspected case. Providers **do not need to call** SOE to report individual cases or request testing. SOE continues to be available for clinical consultations as needed. Please call SOE at **907-269-8000 or 800-478-0084** (after-hours) to consult about a specific patient or situation, especially those patients who do not require hospitalization but will not be able to isolate in their own homes until COVID-19 test results are available, e.g., homeless persons or travelers from out of town.

☐ Report of a person with suspected COVID-19 being tested at the Alaska State Public Health Laboratory (ASPHL).

☐ Report of a person with suspected COVID-19 being tested at a commercial laboratory.

Healthcare Provider or Clinic: \_\_\_\_\_

Contact Name and Phone #: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone #: \_\_\_\_\_

Priority Level	Patient Criteria	Check ALL Applicable criteria	Send Specimens to:
High	<ul style="list-style-type: none"><li>Hospitalized</li></ul>		ASPHL*
	<ul style="list-style-type: none"><li>Lives in a long-term care facility or any health care facility providing treatment in a congregate setting</li></ul>		
	<ul style="list-style-type: none"><li>Health care worker or first responder (e.g., police, fire, paramedic)</li></ul>		
	<ul style="list-style-type: none"><li>Known close contact to a confirmed case of COVID-19 in the past 14 days</li></ul>		
	<ul style="list-style-type: none"><li>Travel in the past 14 days to a location where community transmission of COVID-19 is occurring<sup>‡</sup></li></ul>		
	Individuals not meeting any of the above criteria:		
Medium†	<ul style="list-style-type: none"><li>An outpatient who is at increased risk for serious illness (i.e., age ≥60 years or has one or more <a href="#">select chronic medical conditions</a>, such as heart disease, lung disease, diabetes, immunocompromised)</li></ul>		Commercial laboratory
Low	<ul style="list-style-type: none"><li>Any other patient as determined by clinical discretion</li></ul>		
DO NOT TEST	<ul style="list-style-type: none"><li>Asymptomatic persons</li></ul>		DO NOT TEST

\*ASPHL laboratory supplies are limited, so please follow the preferred laboratory guidance closely.

±This situation is rapidly changing, please refer to [CDC](#), [WHO](#), and other online resources to make this determination.

†Clinical discretion required.

**Please fax this form to 907-563-7868.**

**Please call the Alaska Section of Epidemiology at 907-269-8000 or 800-478-0084 after hours with any questions.**